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County of San Bernardino

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#### STANDARD CONTRACT

|  | New   |          | Ver        | ndor Cod | е      |           | Dept.   |                       |              | Contract     | Number      |   |
|--|---|----------|------------|----------|--------|-----------|---------|-----------------------|--------------|--------------|-------------|---|
| Х  | Change<br>Cancel                                    |          |            |          |        | SC        | OOA     | A                     |              | 01-68        | 37 A-4      |   |
| Co   | unty Dep  | artment  |            |          |        | Dept.     | Org     | n.                    |              | Contractor's | License No. |   |
| Aging and Adult Services   |   |          |            |          |        |           |         |                       |              |              |             |   |
| Co   | unty Dep  | oartment | Contract F | Represen | tative | Telephone |         | Total Contract Amount |              |              |             |   |
| Ja   | cki Bax   | kter     |            |          |        | 388-0589  |         | \$396,955             |              |              |             |   |
| Contract Type  Revenue X Fncumbered Unencumbered Other:            |   |          |            |          |        |           |         |                       |              |              |             |   |
| If not encumbered or revenue contract t  Commodity Code Contract S |   |          | Start Date |          |        | oto       | Origi   | inal Amount           | Amendment Ar | mount        |             |   |
|  |   | 1/2001   |            | 3/2003   |        |           |         | \$23,000              |              |              |             |   |
|  |   |          | 1          |          | 1/2001 |           |         |                       |              | 168,548      | . ,         | ' |
| F  | und   | Dept.    | Organi     | zation   | Appr.  | Obj/Re    | v Sourc | се                    | GRC/F        | PROJ/JOB No. | Amount      |   |
| Α  | AF  | OOA      | SBG        | 1        | 200    | 244       | 5 ,     |                       |              |              | \$396.95    | 5 |
| F  | und   | Dept.    | Organi     | zation   | Appr.  | Obj/Re    | v Sourc | се                    | GRC/F        | PROJ/JOB No. | Amount      |   |
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| F  | und   | Dept.    | Organi     | zation   | Appr.  | Obj/Re    | v Sourc | е                     | GRC/F        | PROJ/JOB No. | Amount      |   |
|  |   |          |            | 1        |        |           | i       |                       |              |              |             |   |
|  | Project Name Estimated Payment Total by Fiscal Year |          |            |          |        |           |         |                       |              |              |             |   |
| Nutrition for Seniors  |   | FY       | Α          | mount    |        | I/D       | FY      | Amount                | I/D          |              |             |   |
|  |   | 01/02    | \$         | 168,54   | 18     |           | 02/03   | 186,203               |              |              |             |   |
|  |   | 01/02    |            | 7,20     | )4     |           | 02/03   | 23,000                |              |              |             |   |
|  |   |          |            |          | 01/02  |           | 12,00   | 00                    |              |              |             |   |
|  |   |          |            |          | l .    |           |         |                       |              |              |             |   |

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, Department of Aging and Adult Services, hereinafter called the County, and

| Name                                |            |                    |              |  |
|-------------------------------------|------------|--------------------|--------------|--|
| City of San Bernardino              |            | hereinafter called | "Contractor" |  |
| Address                             |            |                    |              |  |
| 547 North Sierra Way                |            |                    |              |  |
| San Bernardino, CA 9                | 2410-4816  |                    |              |  |
| Phone                               | Birth Date |                    |              |  |
| 909 384-5030                        |            |                    |              |  |
| Federal ID No. or Social Security N | No.        |                    |              |  |
| 95-60000772                         |            |                    |              |  |

#### IT IS HEREBY AGREED AS FOLLOWS:

#### **Amendment No.4**

It is hereby agreed to amend Contract No. 01-687 as follows:

#### Section V. Fiscal Provisions

Paragraph A. is amended to read as follows:

A. The maximum amount of funds available under this Contract shall not exceed \$396,955, with \$187,752 available July 1, 2001 through June 30, 2002 and \$209,203 available July 1, 2002 through June 30, 2003, and shall be subject to the availability of funds from CDA.

#### **ATTACHMENT A**

Attachment A, "Work Plan FY 2002-2003 Revised" is added to this contract.

#### **EXHIBIT B**

Exhibit B, "Budget Summary Fiscal Year 2002 - 2003" is deleted and replaced with the attached Exhibit B, "Budget Summary – Revision #1 Fiscal Year 2002 - 2003."

#### **EXHIBIT B-1**

Exhibit B-1, "Budget Summary for Nutrition Services, Fiscal Year 2002 - 2003" is deleted and replaced with the attached Exhibit B-1, "Budget Summary for Nutrition Services, Fiscal Year 2002 – 2003, Revision #1."

All other terms and conditions of this Contract, Contract No. 01-687, shall remain the same and are incorporated herein by this reference.

This amendment shall become effective upon execution by both parties.

|   | City of San Bernardino   |   |  |
|---|--|---|--|
|   | (Print or type name of corporation, company, contractor, etc.) |   |  |
|   | By ►   |   |  |
| Dennis Hansberger, Chairman, Board of Supervisors |  | Authorized signature - sign in blue ink)      |  |
| Dated   |  |   |  |
|   | ——————————————————————————————————————                         | rint or type name of person signing contract) |  |
| OF THIS   |  |   |  |
| THE   | Title  |   |  |
|   | (Print or Type)  |   |  |
| Clerk of the Board of Supervisors                 |  |   |  |
| •   |  |   |  |
|   | Address  | 547 North Sierra Way                          |  |
|   |  |   |  |
|   | ;  | San Bernardino, CA 02410-4816                 |  |
| Reviewed by Cont                                  | ract Compliance  | Presented to BOS for Signature                |  |
| <b>&gt;</b>                                       |  | <b> </b>                                      |  |
| Lori Ciabattini, HSS                              | Contract Administration  | Mary R. Sawicki, Director                     |  |
|   | OF THIS THE Supervisors Fernardino.  Reviewed by Cont          | By  |  |

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#### **Work Plan**

### FY 2002-2003 Amendment

This work plan contains the measurable objectives mandated by DAAS of the Nutrition provider. The work plan specifies and establishes time frames for the implementation of the Frozen Meal at the Perris Hill Senior Nutrition Site for four (4) months. The work plan constitutes the primary document for on-going monitoring and will be used to measure the provider efforts toward providing quality Nutrition Services.

Location: San Bernardino City

#### Program Description:

#### A. Geographic Area/Clientele & Eligibility Criteria

The geographic area served by this contractor covers the communities of San Bernardino, specifically the Perris Hill Senior Nutrition site.

#### B. Home Delivered Meals:

Individuals eligible to receive a home-delivered Frozen Meal are:

- 1. Meets the criteria for "frail" as defined in Section 7119 of this Older Americans Act of 1965 and amendments.
- 2. Based on the initial and quarterly assessment is deemed to be cognitive, mentally and physically able to warm up the frozen meal.
- 3. The older individual has the necessary equipment to store and warm the frozen meals (refrigerator/freezer, oven, microwave, or toaster oven).
- 4. The spouse of a person that meets the criteria of being frail, regardless of age or condition if the assessment concludes that it is the best interest of the homebound older individual.
- 5. An individual with a disability who resides at home with older individuals if an assessment concludes that it is the best interest of the home-bound older individual who participates in the program.

#### C. Intended Outcomes

#### 1. Meals

Serve <u>75</u> congregate meals per day that are nutritious, providing at least 1/3 of the minimum daily requirements, served in an environment that is pleasant, safe and free form coercion at least for **80 days** for a total of **6000** meals.

#### 2. Equipment Needed:

The contractor agrees that the following equipment purchased with these funds are to be used exclusively for the implementation of the frozen meal program at the Perris Hill Senior Nutrition Site.

| Freezer, walk-in, oven racks, microwave Frozen Meals | \$ 18,766<br><u>4,234</u> |
|--|---------------------------|
| Total Expense:                                       | \$ 23,000                 |